

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: ID
APPLICATION YEAR: 2009

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FORM 2
MCH BUDGET DETAILS FOR FY 2009

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: ID

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

A.Preventive and primary care for children:

\$ 1,045,595 (32.39%)

B.Children with special health care needs:

\$ 1,112,170 (34.45%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 322,824 (10%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

\$ 3,228,247

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 1,865,749

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 555,437

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 2,141,219

\$ 2,421,186

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 5,649,433

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 0

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 22,231,985

h. AIDS: \$ 1,607,806

i. CDC: \$ 3,972,445

j. Education: \$ 0

k. Other: \$ 0

Title X \$ 1,682,612

\$ 0

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 29,494,848

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 35,144,281

FORM NOTES FOR FORM 2
None
FIELD LEVEL NOTES
None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: ID

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 3,373,876	\$ 3,612,848	\$ 3,387,761	\$ 3,362,496	\$ 3,373,170	\$ 2,946,452
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 1,830,000	\$ 1,805,000	\$ 1,000,000	\$ 1,952,561	\$ 1,800,000	\$ 2,150,382
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 700,407	\$ 904,636	\$ 1,540,821	\$ 569,311	\$ 729,878	\$ 59,458
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 195,000	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 6,099,283	\$ 6,322,484	\$ 5,928,582	\$ 5,884,368	\$ 5,903,048	\$ 5,156,292
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 30,060,000	\$ 28,787,067	\$ 26,883,255	\$ 30,003,702	\$ 29,753,034	\$ 28,702,858
9. Total <i>(Line11, Form 2)</i>	\$ 36,159,283	\$ 35,109,551	\$ 32,811,837	\$ 35,888,070	\$ 35,656,082	\$ 33,859,150
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: ID

	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 3,373,170	\$ 3,339,400	\$ 3,373,169	\$ 0	\$ 3,228,247	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 2,097,900	\$ 1,865,748	\$ 2,150,381	\$ 0	\$ 1,865,749	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 444,728	\$ 638,802	\$ 379,496	\$ 0	\$ 555,437	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 5,915,798	\$ 5,843,950	\$ 5,903,046	\$ 0	\$ 5,649,433	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 27,548,666	\$ 29,494,848	\$ 31,066,470	\$ 0	\$ 29,494,848	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 33,464,464	\$ 35,338,798	\$ 36,969,516	\$ 0	\$ 35,144,281	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2006
Field Note:
Savings in administrative costs due to staff turnover and salary savings as well as restructuring.
2. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2007
Field Note:
Staff vacancies in Oral Health and Children's Special Health programs.
3. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2006
Field Note:
Increased state general funds appropriations to the immunization program for new vaccines.
4. **Section Number:** Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2007
Field Note:
Funding changes within the Immunization Program required an increase of \$175,000 match from the Local Agencies. The state also contributed \$175,000 toward the shortfall.
5. **Section Number:** Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2006
Field Note:
There was a greater percentage of state general funds due to approval of new vaccines for the state universal VFC program.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: ID

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 226,154	\$ 282,368	\$ 436,249	\$ 367,331	\$ 381,837	\$ 315,162
b. Infants < 1 year old	\$ 1,371,204	\$ 1,467,855	\$ 1,090,307	\$ 1,443,244	\$ 1,421,096	\$ 1,228,813
c. Children 1 to 22 years old	\$ 2,026,582	\$ 2,121,058	\$ 1,953,696	\$ 2,222,920	\$ 2,044,780	\$ 1,952,531
d. Children with Special Healthcare Needs	\$ 1,751,236	\$ 1,797,530	\$ 1,540,665	\$ 1,212,485	\$ 1,422,657	\$ 1,066,417
e. Others	\$ 386,719	\$ 317,959	\$ 568,889	\$ 320,811	\$ 295,361	\$ 245,922
f. Administration	\$ 337,388	\$ 335,714	\$ 338,776	\$ 317,577	\$ 337,317	\$ 347,447
g. SUBTOTAL	\$ 6,099,283	\$ 6,322,484	\$ 5,928,582	\$ 5,884,368	\$ 5,903,048	\$ 5,156,292
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 0		\$ 0		\$ 0	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 22,239,500		\$ 17,744,363		\$ 21,244,235	
h. AIDS	\$ 2,417,700		\$ 2,081,601		\$ 1,888,722	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
ACF - TANF	\$ 0		\$ 1,100,000		\$ 1,400,000	
CDC - Immunization	\$ 0		\$ 1,767,802		\$ 1,638,571	
CDC - STD	\$ 0		\$ 431,229		\$ 428,685	
CDC - WHC	\$ 0		\$ 2,244,190		\$ 1,523,132	
PHS - Title X	\$ 0		\$ 1,514,070		\$ 1,629,689	
CDC Immunization	\$ 3,443,600		\$ 0		\$ 0	
CDC STD	\$ 307,100		\$ 0		\$ 0	
Title X	\$ 1,652,100		\$ 0		\$ 0	
III. SUBTOTAL	\$ 30,060,000		\$ 26,883,255		\$ 29,753,034	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: ID

	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 381,837	\$ 327,341	\$ 309,390	\$ 0	\$ 264,025	\$ 0
b. Infants < 1 year old	\$ 1,427,557	\$ 1,380,025	\$ 1,588,918	\$ 0	\$ 1,448,425	\$ 0
c. Children 1 to 22 years old	\$ 2,027,431	\$ 2,215,348	\$ 2,126,467	\$ 0	\$ 2,148,148	\$ 0
d. Children with Special Healthcare Needs	\$ 1,446,295	\$ 1,349,911	\$ 1,416,012	\$ 0	\$ 1,205,710	\$ 0
e. Others	\$ 295,361	\$ 310,767	\$ 155,607	\$ 0	\$ 260,300	\$ 0
f. Administration	\$ 337,317	\$ 260,558	\$ 306,652	\$ 0	\$ 322,825	\$ 0
g. SUBTOTAL	\$ 5,915,798	\$ 5,843,950	\$ 5,903,046	\$ 0	\$ 5,649,433	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 0		\$ 0		\$ 0	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 21,244,235		\$ 21,840,070		\$ 22,231,985	
h. AIDS	\$ 1,861,210		\$ 3,412,600		\$ 1,607,806	
i. CDC	\$ 4,443,221		\$ 0		\$ 3,972,445	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Title X	\$ 0		\$ 0		\$ 1,682,612	
CDC - Immunization	\$ 0		\$ 2,007,900		\$ 0	
CDC - STD	\$ 0		\$ 328,269		\$ 0	
CDC - WHC	\$ 0		\$ 1,783,600		\$ 0	
PHS - Title X	\$ 0		\$ 1,694,031		\$ 0	
III. SUBTOTAL	\$ 27,548,666		\$ 31,066,470		\$ 29,494,848	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2007
Field Note:
We changed the contract year from the state fiscal year to the federal fiscal year, which means we had an extra quarter of expenses.
2. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2006
Field Note:
The reproductive health program went through a complet personnel turnover during the past year. Contracts were late getting out which resulted in some months at the end of the federal fiscal year where there were no billings from the districts.
3. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2006
Field Note:
Changes with in the CSHP and Immunization program have resulted in extended transition period.
4. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2006
Field Note:
Changes with Bureau personnel have resulted in an extended transition. Reproductive health inparticular experienced changes -- combining of programs and two managers within a year.
5. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2006
Field Note:
Improved case management resulted in improved health and fewer high cost interventions.
6. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2006
Field Note:
More pregnant women were served proportionally than anticipated when compared to women over the age of 22 (other category) in the reproductive health program.
7. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2007
Field Note:
Bureau Chief salary went to General Funds.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: ID

TYPE OF SERVICE	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 2,347,051	\$ 2,475,768	\$ 2,837,651	\$ 1,845,726	\$ 2,026,502	\$ 1,533,194
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 41,136	\$ 26,562	\$ 1,887,000	\$ 32,529	\$ 53,000	\$ 31,092
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 3,134,833	\$ 3,064,707	\$ 362,000	\$ 3,061,537	\$ 2,881,878	\$ 2,712,722
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 576,263	\$ 755,447	\$ 841,931	\$ 944,576	\$ 941,668	\$ 879,284
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 6,099,283	\$ 6,322,484	\$ 5,928,582	\$ 5,884,368	\$ 5,903,048	\$ 5,156,292

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: ID

TYPE OF SERVICE	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 2,009,502	\$ 1,972,850	\$ 1,664,893	\$ 0	\$ 1,690,083	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 64,112	\$ 48,016	\$ 49,630	\$ 0	\$ 31,700	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 2,918,928	\$ 3,074,040	\$ 3,337,922	\$ 0	\$ 3,034,304	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 923,256	\$ 749,044	\$ 850,601	\$ 0	\$ 893,346	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 5,915,798	\$ 5,843,950	\$ 5,903,046	\$ 0	\$ 5,649,433	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2006
Field Note:
Improved case management resulted in fewer high cost intervention.
2. **Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2007
Field Note:
Completed the Breastfeeding Friendly Employer project, and it came in under budget.
3. **Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2006
Field Note:
The Idaho Careline comprises the majority of block grant expenditures in the enabling services category. Careline's budget is set up on a cost allocation plan based on usage. The anticipated usage for FFY 2004 was greater than actual and this accounts for lower spending in this category compared to the budgeted amount.
4. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2007
Field Note:
CSHP program had vacancies in two professional positions which resulted in savings from projects not moving forward at expected rate.

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
Sect. 506(a)(2)(B)(iii)						
STATE: ID						
Total Births by Occurrence: 24,690				Reporting Year: 2007		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	24,325	98.5	4	1	1	100
Congenital Hypothyroidism	24,325	98.5	175	6	6	100
Galactosemia	24,325	98.5	7	0	0	
Sickle Cell Disease	24,325	98.5	0	0	0	
Other Screening (Specify)						
Cystic Fibrosis	11,273	45.7	55	4	4	100
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: BirthOccurence
Row Name: Total Births By Occurence
Column Name: Total Births By Occurence
Year: 2009
Field Note:
Provisional data 4/8/08
2. **Section Number:** Main
Field Name: SickCellDisease_Presumptive
Row Name: SickCellDisease
Column Name: Presumptive positive screens
Year: 2009
Field Note:
There we no false (presumptive) positives.
3. **Section Number:** Main
Field Name: SickCellDisease_Confirmed
Row Name: SickCellDisease
Column Name: Confirmed Cases
Year: 2009
Field Note:
Zero in both column B and C.
4. **Section Number:** Other Screening Types
Field Name: Other
Row Name: All Rows
Column Name: All Columns
Year: 2009
Field Note:
Cystic Fibrosis screening contract signed in July, testing began August first 2007.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: ID

Reporting Year: 2007

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	2,685	33.0	0.0	6.0	60.0	1.0
Infants < 1 year old	24,400	44.0	4.0	40.0	12.0	0.0
Children 1 to 22 years old	86,684	40.0	3.0	17.0	40.0	0.0
Children with Special Healthcare Needs	189	7.0	0.0	23.0	70.0	0.0
Others	33,963	6.0	0.0	16.0	76.0	2.0
TOTAL	147,921					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1.

Section Number: Main

Field Name: PregWomen_XIX

Row Name: Pregnant Women

Column Name: Title XIX %

Year: 2009

Field Note:

Most of our data sources do not allow determination of differences between Title XIX and XXI

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: ID

Reporting Year: 2007

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	24,434	21,912	152	380	395	0	1,453	142
Title V Served	23,945	21,474	149	372	387	0	1,424	139
Eligible for Title XIX	7,720	6,736	81	198	78	0	568	59
INFANTS								
Total Infants in State	23,031	22,031	295	374	331	0	0	0
Title V Served	22,570	21,590	289	367	324	0	0	0
Eligible for Title XIX	7,190	6,773	157	195	65	0	0	0

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	20,554	3,793	87	0	0	0	0	3,793
Title V Served	20,143	3,717	85	0	0	0	0	3,717
Eligible for Title XIX	6,250	1,438	32	0	0	0	0	1,438
INFANTS								
Total Infants in State	19,714	3,317	0	0	0	0	0	3,317
Title V Served	19,320	3,251	0	0	0	0	0	3,251
Eligible for Title XIX	5,995	1,258	0	0	0	0	0	1,258

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTotal_All
Row Name: Total Deliveries in State
Column Name: Total All Races
Year: 2009
Field Note:
Based on preliminary birth data all births occurring in Idaho, regardless of mother's residence. Records for 2007 not finalized at this time.
2. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTotal_Hawaiian
Row Name: Total Deliveries in State
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2009
Field Note:
NHOPi are included in totals for Asian.
3. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2009
Field Note:
The method by which the number of title V served is multiplying the total number of deliveries by .98. At least 98% of all infants have a newborn hearing and/or metabolic screen performed.
4. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_Hawaiian
Row Name: Title V Served
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2009
Field Note:
NHOPi are included in totals for Asian.
5. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2009
Field Note:
Based on all deliveries occurring in Idaho in 2007, regardless of mothers residence, where Medicaid was indicated as principal source of payment for delivery on birth certificate. Birth records not finalized as of entry. There were 242 births that Medicaid status was unknown.
6. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Hawaiian
Row Name: Eligible for Title XIX
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2009
Field Note:
NHOPi are included in totals for Asian.
7. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_All
Row Name: Total Infants in State
Column Name: Total All Races
Year: 2009
Field Note:
Total population estimates by age for 2007 not available at this time. Numbers are 2006 population estimate.
8. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_Asian
Row Name: Total Infants in State
Column Name: Asian
Year: 2009
Field Note:
Total population estimates by age for 2007 not available at this time. Numbers are 2006 population estimate. Asian includes NHOPi.
9. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_More
Row Name: Total Infants in State
Column Name: More Than One Race Reported
Year: 2009
Field Note:
Total population estimates by age for 2007 not available at this time. Numbers are 2006 population estimate. More than one race not included in estimate.
10. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_RaceOther
Row Name: Total Infants in State
Column Name: Other and Unknown
Year: 2009
Field Note:
Total population estimates by age for 2007 not available at this time. Numbers are 2006 population estimate. Other and unknown not included in estimate.
11. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2009
Field Note:
The method by which the number of title V served is multiplying the total population total by .98. At least 98% of all infants have a newborn hearing and/or metabolic screen performed.

12. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2009
Field Note:
Number determined by applying rate for 2007 deliveries to population estimate.
13. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_Mexican
Row Name: Total Deliveries in State
Column Name: Mexican
Year: 2009
Field Note:
Country of origin not available / not reliable.
14. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_Cuban
Row Name: Total Deliveries in State
Column Name: Cuban
Year: 2009
Field Note:
Country of origin not available / not reliable.
15. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_PuertoRican
Row Name: Total Deliveries in State
Column Name: Puerto Rican
Year: 2009
Field Note:
Country of origin not available / not reliable.
16. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_CentralAmerican
Row Name: Total Deliveries in State
Column Name: Central and South American
Year: 2009
Field Note:
Country of origin not available / not reliable.
17. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2009
Field Note:
Based on all deliveries occurring in Idaho in 2007, regardless of mothers residence, where Medicaid was indicated as principal source of payment for delivery on birth certificate. Birth records not finalized as of entry. There were 242 births that Medicaid status was unknown.
18. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_Mexican
Row Name: Eligible for Title XIX
Column Name: Mexican
Year: 2009
Field Note:
Country of origin not available / not reliable.
19. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_Cuban
Row Name: Eligible for Title XIX
Column Name: Cuban
Year: 2009
Field Note:
Country of origin not available / not reliable.
20. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_PuertoRican
Row Name: Eligible for Title XIX
Column Name: Puerto Rican
Year: 2009
Field Note:
Country of origin not available / not reliable.
21. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_CentralAmerican
Row Name: Eligible for Title XIX
Column Name: Central and South American
Year: 2009
Field Note:
Country of origin not available / not reliable.
22. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_TotalNotHispanic
Row Name: Total Infants in State
Column Name: Total Not Hispanic or Latino
Year: 2009
Field Note:
Total population estimates by age for 2007 not available at this time. Numbers are 2006 population estimate.
23. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_NotReported
Row Name: Total Infants in State
Column Name: Ethnicity Not Reported
Year: 2009
Field Note:
Ethnicity not reported not included in population estimates.

24. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_Mexican
Row Name: Total Infants in State
Column Name: Mexican
Year: 2009
Field Note:
Country of origin not included in estimates.
25. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_Cuban
Row Name: Total Infants in State
Column Name: Cuban
Year: 2009
Field Note:
Country of origin not included in estimates.
26. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_PuertoRican
Row Name: Total Infants in State
Column Name: Puerto Rican
Year: 2009
Field Note:
Country of origin not included in estimates.
27. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_CentralAmerican
Row Name: Total Infants in State
Column Name: Central and South American
Year: 2009
Field Note:
Country of origin not included in estimates.
28. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2009
Field Note:
The method by which the number of title V served is multiplying the total population total by .98. At least 98% of all infants have a newborn hearing and/or metabolic screen performed.
29. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_TotalHispanic
Row Name: Title V Served
Column Name: Total Hispanic or Latino
Year: 2009
Field Note:
The method by which the number of title V served is multiplying the total population total by .98. At least 98% of all infants have a newborn hearing and/or metabolic screen performed.
30. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_NotReported
Row Name: Title V Served
Column Name: Ethnicity Not Reported
Year: 2009
Field Note:
Ethnicity not reported not included in population estimates.
31. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2009
Field Note:
Number determined by applying rate for 2007 deliveries to population estimate.
32. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalHispanic
Row Name: Eligible for Title XIX
Column Name: Total Hispanic or Latino
Year: 2009
Field Note:
Number determined by applying rate for 2007 deliveries to population estimate.
33. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_NotReported
Row Name: Eligible for Title XIX
Column Name: Ethnicity Not Reported
Year: 2009
Field Note:
Ethnicity not reported not included in population estimates.
34. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_EthnicityOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2009
Field Note:
Number determined by applying rate for 2007 deliveries to population estimate.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: ID

	FY 2009	FY 2008	FY 2007	FY 2006	FY 2005
1. State MCH Toll-Free "Hotline" Telephone Number	<u>211 or 1-800-926-2588</u>	<u>211 or 800-926-2588</u>	<u>211 or 800 926-2588</u>	<u>211 or 800 926-2588</u>	<u>800 926-2588 or 211</u>
2. State MCH Toll-Free "Hotline" Name	<u>Idaho CareLine</u>	<u>Idaho CareLine</u>	<u>Idaho CareLine</u>	<u>Idaho CareLine</u>	<u>Idaho CareLine</u>
3. Name of Contact Person for State MCH "Hotline"	<u>Nina Dillon</u>	<u>Patricia Williams</u>	<u>Patricia Williams</u>	<u>Patricia Williams</u>	<u>Patricia Williams</u>
4. Contact Person's Telephone Number	<u>208-287-1020</u>	<u>208-287-1020</u>	<u>208 287-1020</u>	<u>208 287-1020</u>	<u>208 334-5551</u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>12,321</u>	<u>13,013</u>	<u>12,217</u>

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: ID

	FY 2009	FY 2008	FY 2007	FY 2006	FY 2005
1. State MCH Toll-Free "Hotline" Telephone Number	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
2. State MCH Toll-Free "Hotline" Name	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
3. Name of Contact Person for State MCH "Hotline"	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
4. Contact Person's Telephone Number	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: hnumber_2
Row Name: State MCH toll-free hotline telephone number
Column Name: FY
Year: 2007
Field Note:
2. **Section Number:** Main
Field Name: cname_2
Row Name: Name of contact person for state MCH hotline
Column Name: FY
Year: 2009
Field Note:
From DHW Infonet, <http://infonetdhw.dhw.state.id.us/site/378/default.aspx>
3. **Section Number:** Main
Field Name: calls_2
Row Name: Number of calls received On the State MCH Hotline This reporting period
Column Name: FY
Year: 2007
Field Note:
From the 2007 2-1-1 Idaho CareLine Annual Report, available at <http://www.idahocareline.org/Get211Data.html>, total calls for all issues was 151,726 from July 2006 through June 2007.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2009
[SEC. 506(A)(1)]
STATE: ID

1. State MCH Administration:
(max 2500 characters)

The Bureau of Clinical and Preventive Services, Idaho Department of Health and Welfare, administers the Title V MCH grant. The programs directly supervised by the Idaho MCH Director include: CSHP, Family Planning, Immunization, and WIC. Title V funds staff and/or programs in the Bureau of Community and Environmental Health, the Bureau of Vital Records and Health Statistics, and the Office of Epidemiology and Food Protection.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 3,228,247
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 1,865,749
5. Local MCH Funds (Line 4, Form 2)	\$ 555,437
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 5,649,433

9. Most significant providers receiving MCH funds:

7 Public Health Districts
St. Luke's Children's Hospital
Physicians from Oregon Health Science University

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	2,685
b. Infants < 1 year old	24,400
c. Children 1 to 22 years old	86,684
d. CSHCN	189
e. Others	33,963

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:

(max 2500 characters)

The CSHP Program has a positive working relationship with St. Luke's Children's Specialty Hospital, as well as the Shriner's Hospitals in Salt Lake City, UT and Spokane, WA for the referral of patients. The Genetics Services Program works closely with the Oregon Health Sciences University to provide Board Certified genetics and metabolic specialists to staff clinics and provide counseling to Idaho clients.

b. Population-Based Services:

(max 2500 characters)

The WIC/Immunization Linkage is a collaboration between the two programs on a statewide basis in which WIC clients 0-24 months of age are screened for immunization status and those not up-to-date are referred to their health care provider or the district clinic.

c. Infrastructure Building Services:

(max 2500 characters)

CSHP is developing a database that will electronically link St. Luke's Children's Hospital with the program and integrate the billing function. This will improve the authorization and billing procedure and ultimately result in improved customer service. This system will be web-enabled making use of it possible throughout the state. The database will also fill a need for data collection and retrieval. The genetics clinic is being incorporated into this system development as well so we do not have two parallel systems. Finally, the system is being designed to be compatible with the Medicaid system. CSHP is piloting a project with St. Luke's Children's Hospital for the provision of genetics services. This will improve the delivery of genetics and metabolic services throughout the state. The Oral Health Program has worked closely with the health districts to develop a referral structure between medical and dental providers so that pregnant women can receive dental care.

12. The primary Title V Program contact person:

Name	Dieuwke A. Spencer, RN, MHS
Title	Chief, Bureau of Clinical & Preventive Services
Address	450 W. State Street
City	Boise
State	Idaho
Zip	83720
Phone	208-334-5930

13. The children with special health care needs (CSHCN) contact person:

Name	Mitch Scoggins, MPH
Title	Manager, Children's Special Health Program
Address	450 W. State Street
City	Boise
State	Idaho
Zip	83720
Phone	208-334-5963

Fax 208-332-7362

Email spencerd@dhw.idaho.gov

Web

Fax 208-332-7307

Email scogginm@dhw.idaho.gov

Web

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: ID

Form Level Notes for Form 11

2007 numerator and denominator were calculated based on the total number of definitively diagnosed infants for all conditions tested for in Idaho's NBS panel.

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	100	100	100	100	100
Annual Indicator	95.0	100.0	100.0	100.0	100.0
Numerator	19	16	28	17	31
Denominator	20	16	28	17	31

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	60	60	60	60	60
Annual Indicator	57.2	57.2	57.2	57.2	52.7
Numerator					
Denominator					

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	53	53	53	53	53
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

2. **Section Number:** Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

3. **Section Number:** Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	50	52	52	52	52
Annual Indicator	49.1	49.1	49.1	48.8	47.7
Numerator					
Denominator					

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	52	52	52	52	52
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

2. **Section Number:** Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

3. **Section Number:** Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective		60	60	60	60
Annual Indicator	53.3	53.3	53.3	53.3	56.9
Numerator					
Denominator					

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	60	60	60	60	60
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

2. **Section Number:** Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

3. **Section Number:** Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	77	80	80	80	80
Annual Indicator	75.2	75.2	75.2	75.2	85.9
Numerator					
Denominator					

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	86	86	86	86	86
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

2. **Section Number:** Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

3. **Section Number:** Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	6	6	6	6	6
Annual Indicator	5.8	5.8	5.8	1	45.8
Numerator					
Denominator					

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	46	46	46	46	46
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

2. Section Number: Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure. Prior years reported the national measure rather than Idaho's measure.

3. Section Number: Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	77	80	81	82	83
Annual Indicator	79	80.8	78.1	77.8	77.8
Numerator					
Denominator					

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	83	83	83	83	83
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2007

Field Note:

NIS data for CY2007 is not available until August, 2008. 2006 value used as estimate for 2007.

Four or more doses of DTaP, three or more doses of poliovirus vaccine, one or more doses of any MCV, three or more doses of Hib, and three or more doses of HepB

The percentages come from the National Immunization Survey. No numbers are given as to how many were surveyed or how many are completely immunized.

2. **Section Number:** Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2006

Field Note:

NIS data for CY2006 is not available until August, 2007

The percentages come from the National Immunization Survey. No numbers are given as to how many were surveyed or how many are completely immunized.

3. **Section Number:** Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2005

Field Note:

NIS data for CY 2005 is not available until August, 2006.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	16	15	14	13	15
Annual Indicator	17.5	16.8	16.8	17.9	18.2
Numerator	545	525	532	597	606
Denominator	31,176	31,340	31,738	33,264	33,264

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	17.8	17.7	17.6	17.5	17.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2007

Field Note:

Population not available until July 2008. Used population estimate from 2006 as estimated denominator

2. Section Number: Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2006

Field Note:

Population not available until July 2007. Used population estimate from 2005 as estimated denominator

3. Section Number: Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2005

Field Note:

Data will be available September 2006.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	60	62	64	66	60
Annual Indicator	49.9	50.1	55.7	55.7	55.7
Numerator	9,426	370	10,315		
Denominator	18,890	739	18,527		

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	60.5	60.6	60.7	60.8	60.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

SMILES survey used to estimate not conducted in 2007. 2005 rate used as latest available estimate.

2. Section Number: Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

SMILES survey used to estimate not conducted in 2006. 2005 rate used as estimate.

3. Section Number: Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data Source 2005 Smile Survey

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	5	4.5	4	4	4
Annual Indicator	6.8	5.5	5.8	4.0	6.8
Numerator	21	17	18	13	22
Denominator	307,803	308,270	308,945	325,906	325,906

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	5.5	5.5	5.5	5.5	5.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2007

Field Note:

Death count preliminary total from ISP for 2007

Population count for 2007 not available until July 2008, 2006 population estimate used as estimate.

2. Section Number: Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2006

Field Note:

Death count preliminary total from ISP for 2006

Population count for 2006 not available until July 2006, 2005 population estimate used as estimate.

3. Section Number: Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2005

Field Note:

2005 data not available until September 2006.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective				50	51
Annual Indicator			49.8	50.5	54
Numerator					
Denominator					

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	51.5	52	52.5	53	53.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is 2006 Idaho PRATS survey. Data for 2007 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

2. **Section Number:** Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is 2005 Idaho PRATS survey. Data for 2006 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

3. **Section Number:** Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2005

Field Note:

2005 CDC National Immunization Survey data only shows rate. Numerator and Denominator not available.

Data Source:

http://www.cdc.gov/breastfeeding/data/NIS_data/data_2005.htm

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	100	100	100	100	100
Annual Indicator	93.9	94.2	94.6	98.4	96.7
Numerator				22,302	
Denominator				22,657	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	98.8	98.9	99	99.1	99.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is 2006 Idaho PRATS survey. Data for 2007 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

2. Section Number: Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data source is 2005 Idaho PRATS survey. Data for 2006 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numerator and denominator not provided as they would be the results of weighted survey sample data.

Responses indicating that the baby was tested after hospital discharge or that the baby was not born at a hospital but was tested were not included in the denominator.

3. Section Number: Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data Source: Vital Statistics

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	12	12	12	12	11.2
Annual Indicator	13	13	13.0	11.4	13.0
Numerator			19,177	44,995	52,135
Denominator			147,366	394,435	401,854

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	12.5	12.4	12.3	12.3	12.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: U.S. Census Bureau

Current Population Survey, Annual Social and Economic Supplement, 2007

http://www.census.gov/hhes/www/cpstc/cps_table_creator.html

The Current Population Survey Annual Social and Economic Supplement is an annual survey of approximately 78,000 households nationwide. Therefore, use extreme caution when making inferences when the cell sizes are small.

2. Section Number: Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: U.S. Census Bureau

Current Population Survey, Annual Social and Economic Supplement, 2006

http://www.census.gov/hhes/www/cpstc/cps_table_creator.html

The Current Population Survey Annual Social and Economic Supplement is an annual survey of approximately 78,000 households nationwide. Therefore, use extreme caution when making inferences when the cell sizes are small.

3. Section Number: Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data Source: Census.gov

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective				26	31
Annual Indicator			28.9	32.1	31.2
Numerator			5,240	5,807	5,894
Denominator			18,137	18,113	18,862

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	31	30.9	30.8	30.7	30.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2007

Field Note:

Based on PedNSS data avail as of 1/17/2008

2. **Section Number:** Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2006

Field Note:

Based on PedNSS data avail as of 1/16/2007

Changes in unit conversion measures and BMI comparison data from 2005 reduce comparability with previous data. Using method for 2006 data values for previous years would be:

2002 29.0 percent

2003 28.2 percent

2004 29.4 percent

2005 31.3 percent

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective				8	8
Annual Indicator				9.4	9.0
Numerator				2,258	2,230
Denominator				24,112	24,651

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	8.5	8.5	8.4	8.4	8.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

Out of state birth certificates do not necessarily include smoking during pregnancy. Denominator reflects those that do record smoking status.

2. Section Number: Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2006**Field Note:**

Out of state birth certificates do not necessarily include smoking during pregnancy. Denominator reflects those that do record smoking status.

3. Section Number: Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 data available in September 2006.

Data Source: Vital Statistics

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	19	13	12	11	8.5
Annual Indicator	13.8	13.8	9.1	11.7	11.7
Numerator	15	15	10	13	13
Denominator	108,796	108,840	109,731	110,742	110,742

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	11	10.9	10.9	10.8	10.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2007

Field Note:

2007 death records have not been finalized, 2006 deaths have been used as best estimate.

2007 population by age not available at time of entry, 2006 used as best estimate.

2. Section Number: Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2006

Field Note:

Not all death records for 2006 have been received.

2005 population data is used as estimate for 2006.

3. Section Number: Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2005

Field Note:

2005 data not available until September 2006.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	66	75	75	75	75
Annual Indicator	72.8	99	99	99	99
Numerator	142				
Denominator	195				

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	75	75	75	75	75
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

Prior to data year 2003, Idaho hospitals with a NICU were used as a proxy measure. However, Idaho has since found errors in that proxy measure and currently does not have a replacement measure. 99 entered to save form.

2. Section Number: Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

Prior to data year 2003, Idaho hospitals with a NICU were used as a proxy measure. However, Idaho has since found errors in that proxy measure and currently does not have a replacement measure. 99 entered to save form.

3. Section Number: Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2005**Field Note:**

Prior to data year 2003, Idaho hospitals with a NICU were used as a proxy measure. However, Idaho has since found errors in that proxy measure and currently does not have a replacement measure.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	83	84	85	86	78
Annual Indicator	81.3	71.9	71.4	71.7	71.7
Numerator	17,091	15,455	15,889	16,772	17,396
Denominator	21,012	21,502	22,245	23,391	24,251

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	73	73.2	73.4	73.6	73.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began may have been estimated from mother's recollection or based on information in mother's medical record.

2. Section Number: Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2006**Field Note:**

In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began may have been estimated from mother's recollection or based on information in mother's medical record.

3. Section Number: Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2005**Field Note:**

In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began may have been estimated from mother's recollection or based on information in mother's medical record.

STATE PERFORMANCE MEASURE # 1

Percent of mothers who were screened for post partum depression within one month following delivery.

Annual Objective and Performance Data					
	2003	2004	2005	2006	2007
Annual Performance Objective				75	75
Annual Indicator		99	99	99	99
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2008	2009	2010	2011	2012
Annual Performance Objective	80	80	80	80	80
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

No screening data is available at this time. 99 has been entered to save form.

From the 2006 Idaho PRATS survey 55.4% of women self-report they were "a little depressed," "moderately depressed," or "very depressed" during the 3 months following delivery. This is not entered on the form as it is not the result of any form of clinical screening and the time period does not match that of the measure.

PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

2. Section Number: State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2006**Field Note:**

No screening data is available at this time. Questions for the PRATS survey are being developed to capture this data. 99 has been entered to save form.

3. Section Number: State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2005**Field Note:**

No screening data is available at this time. Questions for the PRATS survey are being developed to capture this data.

STATE PERFORMANCE MEASURE # 2

The percent of Medicaid and SCHIP children ages 1 and 2 that received the expected number of EPSDT screens.

Annual Objective and Performance Data					
	2003	2004	2005	2006	2007
Annual Performance Objective				75	75.2
Annual Indicator			70.5	67.4	66.4
Numerator			16,834	16,430	17,301
Denominator			23,865	24,390	26,045
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2008	2009	2010	2011	2012
Annual Performance Objective	75.4	75.6	75.8	76	76
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

Values entered reflect EPSDT screenings for Medicaid and Idaho CHIP enrollees <=1 year of age only.

Form 17 HSC 02 and 03 combined.

2. Section Number: State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2006**Field Note:**

Values entered reflect EPSDT screenings for Medicaid and Idaho CHIP enrollees <=1 year of age only.

Form 17 HSC 02 and 03 combined.

3. Section Number: State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2005**Field Note:**

Entered values match Form 17 HSC 02, which reflects medicaid only and less than 1 year of age.

STATE PERFORMANCE MEASURE # 3

Percent of 9th - 12th grade students that report having engaged in sexual intercourse.

<u>Annual Objective and Performance Data</u>					
	2003	2004	2005	2006	2007
Annual Performance Objective					36.5
Annual Indicator		38.5	39	39	42
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
Annual Performance Objective	36	35.5	35	34.5	34.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2007**Field Note:**

YRBS Survey in 2007

Results from: RESULTS OF THE 2007 IDAHO YOUTH RISK BEHAVIOR SURVEY AND 2006 SCHOOL HEALTH EDUCATION PROFILE, November 2007

Numerator and denominator not available

2. Section Number: State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2006**Field Note:**

YRBS Survey not conducted in 2006

Results from: RESULTS OF THE 2005 IDAHO YOUTH RISK BEHAVIOR SURVEY AND 2004 SCHOOL HEALTH EDUCATION PROFILE, April 2006
used as estimate for 2006

Numerator and denominator not available

3. Section Number: State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 YRBS Survey Data available in June 2006.

Results from: RESULTS OF THE 2005 IDAHO YOUTH RISK BEHAVIOR SURVEY AND 2004 SCHOOL HEALTH EDUCATION PROFILE, April 2006

Numerator and denominator not available

STATE PERFORMANCE MEASURE # 4

Percent of 9th – 12th grade students who used any type of tobacco in the past 30 days

Annual Objective and Performance Data					
	2003	2004	2005	2006	2007
Annual Performance Objective				0	0
Annual Indicator	17.8	17.8	21.4	21.4	26.1
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	Final

Annual Objective and Performance Data					
	2008	2009	2010	2011	2012
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

Based on 2007 YRBS questions regarding cigarette smoking and smokeless tobacco use.

Numerator and denominator not available

Goals are 0 because someone in the past entered a zero and we are not allowed to enter any value larger

2. Section Number: State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2006**Field Note:**

YRBS not conducted in 2006, 2005 results used as estimate for 2006.

Based on YRBS questions regarding cigarette smoking and smokeless tobacco use.

Numerator and denominator not available

Goals are 0 because someone in the past entered a zero and we are not allowed to enter any value larger

3. Section Number: State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 YRBS data available in June 2006.

Based on YRBS questions regarding cigarette smoking and smokeless tobacco use.

Numerator and denominator not available

STATE PERFORMANCE MEASURE # 5

Percent of pregnant women who received dental care during pregnancy.

Annual Objective and Performance Data					
	2003	2004	2005	2006	2007
Annual Performance Objective				50	45
Annual Indicator		39.3	43.6	43.6	43.4
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
Annual Performance Objective	45.1	45.3	45.5	45.7	45.9
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is 2006 Idaho PRATS survey. Data for 2007 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

2. Section Number: State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data source is 2005 Idaho PRATS survey. Data for 2006 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numerator and denominator not provided as they would be the results of weighted survey sample data.

Responses with unknown data were not included in the denominator.

3. Section Number: State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data source is 2005 Idaho PRATS survey. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numerator and denominator not provided as they would be the results of weighted survey sample data.

Responses with unknown data were not included in the denominator.

STATE PERFORMANCE MEASURE # 6

Percent of Medicaid and SCHIP children who are fully immunized by age 2.

Annual Objective and Performance Data					
	2003	2004	2005	2006	2007
Annual Performance Objective				90	90
Annual Indicator			80	65	63
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2008	2009	2010	2011	2012
Annual Performance Objective	90	90	90	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2007**Field Note:**

The rate is calculated from provider assessments.

2. Section Number: State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2006**Field Note:**

#SP6 Notes – 2005

Data is an estimate from IRIS data.

Notes – 2006

Data is an estimate from provider visit assessments

3. Section Number: State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data is an estimate from IRIS data.

STATE PERFORMANCE MEASURE # 7

Percent of 9th – 12th grade students that are overweight.

Annual Objective and Performance Data					
	2003	2004	2005	2006	2007
Annual Performance Objective				0	0
Annual Indicator	7.4	7.2	7	7	11
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

YRBS Survey in 2007

Results from: RESULTS OF THE 2007 IDAHO YOUTH RISK BEHAVIOR SURVEY AND 2006 SCHOOL HEALTH EDUCATION PROFILE, November 2007

Numerator and denominator not available

Objective rates are set at 0 because of an error at some time in the past and we are unable to adjust to more realistic objectives due to entry constraints imposed by the entry form.

2. Section Number: State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2006**Field Note:**

YRBS not conducted in 2006

Results from: RESULTS OF THE 2005 IDAHO YOUTH RISK BEHAVIOR SURVEY AND 2004 SCHOOL HEALTH EDUCATION PROFILE, April 2006 used as estimate for 2006

Numerator and denominator not available

3. Section Number: State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 YRBS survey data available in June 2006.

Results from: RESULTS OF THE 2005 IDAHO YOUTH RISK BEHAVIOR SURVEY AND 2004 SCHOOL HEALTH EDUCATION PROFILE, April 2006

Numerator and denominator not available

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: ID

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	7	7	7	6	6
Annual Indicator	6.3	6.2	6.2	6.8	6.8
Numerator	138	139	142	164	164
Denominator	21,794	22,529	23,064	24,185	24,185

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	6	6	6	6	6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2007

Field Note:

Death records for 2006 have not been finalized, 2006 used as best estimate for 2007.

2. Section Number: Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2006

Field Note:

Not all death records for 2006 have been received. 2005 data is used as estimate for 2006.

3. Section Number: Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2005

Field Note:

2005 data not available until September 2006.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	0	0	2	2	2
Annual Indicator	1.5	1.6			
Numerator	9.6	9.9			
Denominator	6.2	6.1			

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes Yes

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2007

Field Note:

Death records for 2006 have not been finalized, 2006 used as best estimate for 2007.

2. Section Number: Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2006

Field Note:

Not all death records for 2006 have been received. 2005 data is used as estimate for 2006.

Four total deaths to black infants for 2006, previous 2 years one each.

3. Section Number: Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2005

Field Note:

2005 data not available until September 2006.

2005 only had one black infant death, as well as previous year.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	4.5	4.5	3.9	3.9	3.9
Annual Indicator	3.8	4.0	4.0	4.6	4.6
Numerator	82	89	93	112	112
Denominator	21,794	22,529	23,064	24,185	24,185

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	3.9	3.9	3.9	3.9	3.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Death records for 2007 not final as of entry, 2006 used as best estimate.

2. Section Number: Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2006**Field Note:**

Not all death records for 2006 have been received. 2005 data is used as estimate for 2006.

3. Section Number: Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 data not available until September 2006.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	2.5	2.5	2.5	2.5	2
Annual Indicator	2.6	2.2	2.1	2.2	2.2
Numerator	56	50	49	52	52
Denominator	21,794	22,529	23,064	24,185	24,185

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 death records not finalized at entry, 2006 used as best estimate.

2. Section Number: Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2006**Field Note:**

Not all death records for 2006 have been received. 2005 data is used as estimate for 2006.

3. Section Number: Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 data not available until September 2006.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	9.5	9.4	9.3	9	9
Annual Indicator	8.0	9.1	9.4	8.3	8.3
Numerator	175	206	217	201	201
Denominator	21,901	22,654	23,198	24,293	24,293

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	9	9	9	9	8.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2007

Field Note:

2007 death records not finalized as of entry, 2006 used as best estimate.

2. Section Number: Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2006

Field Note:

Not all death records for 2006 have been received. 2005 data is used as estimate for 2006.

3. Section Number: Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2005

Field Note:

2005 data not available until September 2006.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	28	27.9	27.8	25	25
Annual Indicator	25.4	26.5	22.7	26.4	26.4
Numerator	73	76	65	80	80
Denominator	287,714	287,238	286,898	302,875	302,875

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	25	25	25	25	25
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2007

Field Note:

2007 death records not finalized as of entry, 2006 used as best estimate.

2. Section Number: Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2006

Field Note:

Not all death records for 2006 have been received. 2005 data is used as estimate for 2006.

3. Section Number: Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2005

Field Note:

2005 data not available until September 2006.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: ID

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

1

4. Family members are involved in service training of CSHCN staff and providers.

0

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

0

6. Family members of diverse cultures are involved in all of the above activities.

1

Total Score: 7

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: Question1
Row Name: #1. Family members participate on advisory committee or task forces...
Column Name:
Year: 2009
Field Note:
A family member attended the annual meeting of the Western States Genetics Collaborative in Portland, OR . Title V staff participate in the Developmental Disabilities Council, and the Early Childhood Care and Coordination Council, both of which have significant parent participation.
2. **Section Number:** Main
Field Name: Question2
Row Name: #2. Financial support (...) is offered for parent activities or parent groups.
Column Name:
Year: 2009
Field Note:
Financial support was provided as planned to Idaho Parents Unlimited to assist in the production and distribution of their quarterly informational newsletter for families.

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: ID FY: 2009

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Pregnant Women and Children: Increase awareness of Medicaid programs for pregnant women and children across provider and community networks.
2. Perinatal Depression: Identify screening tools and work with state professional groups and the regional perinatal coalitions to develop mechanisms to assure appropriate use of the tools and availability of referral resources for perinatal depression.
3. EPSDT screenings: Develop strategies to assure that EPSDT screenings and follow up are occurring as appropriate for all infants, children and adolescents.
4. Adolescents: Assess the adolescent population risk behaviors and design interventions to target this population with input from teenagers and parents of targeted groups.
5. CSHCN: Strengthen the existing care coordination system and access to specialty care to address the complex care needs of all CSHCN.
6. Cultural Competency: Improve cultural competency across all programs that work with the Maternal and Child Health population.
7. Dental Health: Increase the awareness of the need for dental care during pregnancy and increase the number of women who seek dental care during pregnancy.
8. Health Education: Strengthen health education in the public schools, including developing strategies to assure that school health educators receive up to date training on health topics.
9. Systems Development: Develop and strengthen existing system collaboration efforts that focus on defined outcomes for the MCH population.
10. Overweight and obesity: Develop and implement strategies to reduce the problem of overweight and obesity among school age children.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: ID

APPLICATION YEAR: 2009

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	Other If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	None requested.	None requested.	None requested.
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: ID

SP # 1

PERFORMANCE MEASURE:

Percent of mothers who were screened for post partum depression within one month following delivery.

STATUS:

Active

GOAL

To increase the number of pregnant women who either are depressed or are at risk for depression that are identified and referred for help.

DEFINITION

Numerator:

Number of new mothers who were screened for depression within one month following delivery.

Denominator:

Number of new mothers who were surveyed.

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Idaho's Pregnancy Risk Assessment Tracking System

SIGNIFICANCE

In 2001, 40.2% of mothers reported mild depression sometime during the first 3 months following delivery of their child. 14.8% reported moderate depression and 6.0% reported being very depressed. Postpartum depression disorders occur in as many as 85% of women. These may range from baby blues to severe depression in up to 15% of these women. Postpartum depression usually presents 2-3 weeks following delivery, but signs may occur during pregnancy, as early as 28 weeks. A concern is that the patient's care provider may not acknowledge that she has a problem and some physicians still do not believe perinatal depression exists. Currently there is a lack of health care providers to address the mental health needs of pregnant women and those suffering from postpartum depression. Work needs to be done to establish a referral network so that when a provider identifies a patient they have someone to send the woman to for help.

SP # 2

PERFORMANCE MEASURE:	The percent of Medicaid and SCHIP children ages 1 and 2 that received the expected number of EPSDT screens.
STATUS:	Active
GOAL	To improve the health of children who may be at high risk for poor health.
DEFINITION	<p>Numerator: Number of Medicaid and SCHIP 1 and 2 year old children that received the expected number of EPSDT screens.</p> <p>Denominator: Number of Medicaid and SCHIP 1 and 2 year old children that are eligible for EPSDT screening.</p> <p>Units: 100 Text: Percent</p>

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES	Idaho Medicaid
SIGNIFICANCE	Children of families who are lower income tend to be at higher risk for health issues resulting from various factors such as poor nutrition. EPSDT screening is method for early identification and intervention for these children.

SP # 3

PERFORMANCE MEASURE:

Percent of 9th - 12th grade students that report having engaged in sexual intercourse.

STATUS:

Active

GOAL

Reduce the number of teens that are infected with an STD and/or experience an unplanned pregnancy.

DEFINITION

Numerator:

Number of 9th – 12th grade students who had sexual intercourse

Denominator:

Number of 9th – 12th grade students surveyed

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

25-11.

Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active to 95%.

DATA SOURCES AND DATA ISSUES

Idaho Youth Behavioral Risk Factor Survey.

SIGNIFICANCE

Unintended pregnancies and sexually transmitted diseases (STDs), including infection with the human immunodeficiency virus that causes AIDS, can result from unprotected sexual behaviors. Abstinence is the only method of complete protection. Condoms, if used correctly and consistently, can help prevent both unintended pregnancy and STDs. Half of all pregnancies in the United States are unintended; that is, at the time of conception the pregnancy was not planned or not wanted. Unintended pregnancy rates in the United States have been declining. The rates remain highest among teenagers, women aged 40 years or older, and low-income African American women. Approximately 1 million teenage girls each year in the United States have unintended pregnancies. Nearly half of all unintended pregnancies end in abortion. Sexually transmitted diseases are common in the United States, with an estimated 15 million new cases of STDs reported each year. Almost 4 million of the new cases of STDs each year occur in adolescents. Women generally suffer more serious STD complications than men, including pelvic inflammatory disease, ectopic pregnancy, infertility, chronic pelvic pain, and cervical cancer from the human papilloma virus. African Americans and Hispanics have higher rates of STDs than whites. According to the 2003 Idaho YRBSS, 36.4% of 9th - 12th grade students reported having sexual intercourse.

SP # 4

PERFORMANCE MEASURE:

Percent of 9th – 12th grade students who used any type of tobacco in the past 30 days

STATUS:

Active

GOAL

To reduce the number of teens that try tobacco for the first time and prevent ongoing use.

DEFINITION

Numerator:

Number of 9th – 12th grade students who used any type of tobacco in the past 30 days

Denominator:

Number of 9th – 12th grade students Surveyed

Units: **Text:** 0

HEALTHY PEOPLE 2010 OBJECTIVE

27-2b.

Reduce cigarette smoking by adolescents to 10%.

DATA SOURCES AND DATA ISSUES

Idaho Youth Risk Behavior Surveillance system.

SIGNIFICANCE

Cigarette smoking is the single most preventable cause of disease and death in the United States. Smoking results in more deaths each year in the United States than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes, and fires—combined. Tobacco-related deaths number more than 430,000 per year among U.S. adults, representing more than 5 million years of potential life lost. Direct medical costs attributable to smoking total at least \$50 billion per year. In 1999, 35 percent of adolescents were current cigarette smokers. In 1998, 24 percent of adults were current cigarette smokers. Adolescent rates of cigarette smoking have increased in the 1990s among white, African American, and Hispanic high school students after years of declining rates during the 1970s and 1980s. In 1999, 39 percent of white high school students currently smoked cigarettes compared with 33 percent for Hispanics and 20 percent for African Americans. Among African Americans in 1999, only 19 percent of high school girls, compared with 22 percent of boys, currently smoked cigarettes. According to the 2003 Idaho YRBSS, 17.8% of 9-12 graders reported using tobacco products within the last 30 days.

SP # 5

PERFORMANCE MEASURE:

Percent of pregnant women who received dental care during pregnancy.

STATUS:

Active

GOAL

To increase the number of pregnant women of receive at least one dental visit during the second trimester of pregnancy. Purpose of the visit is to identify and correct periodontal disease which lead to low birth weight deliveries and other health consequences for the mother and her young child.

DEFINITION

Numerator:

Number of pregnant women who received dental care.

Denominator:

Number of women surveyed.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Idaho's Pregnancy Risk Assessment Tracking System.

SIGNIFICANCE

Poor dental health has been found as a cause of low birth weight deliveries. By intervening during the second trimester, studies have shown improve birth weights. Low birth weight is associated with a number of health issues for young children. According to the 2001 PRATS survey, only 37.6 percent of all mothers went for dental care during pregnancy.

PERFORMANCE MEASURE:
STATUS:
GOAL
DEFINITION

Percent of Medicaid and SCHIP children who are fully immunized by age 2.
Active
To improve immunization status of children in the state and protect them from vaccine preventable diseases.

Numerator:
Number of Medicaid and SCHIP children who are fully immunized by age 2.
Denominator:
Number of Medicaid and SCHIP children enrolled that are two years of age.
Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

14-24a.
Increase the proportion of young children who receive all vaccines that have been recommended for universal administration for at least 5 years.

For the 4:3:1:3:3 series the HP2010 goal is 80% for children 19-35 months of age.

DATA SOURCES AND DATA ISSUES

Medicaid and Immunization Program data

SIGNIFICANCE

Vaccines are among the greatest public health achievements of the 20th century. Immunizations can prevent disability and death from infectious diseases for individuals and can help control the spread of infections within communities. Idaho GPRA surveys over the past 4 years has shown lower immunization rates among children enrolled in Medicaid when compared to the statewide average among all children. By targeting our Medicaid population we focusing efforts on the highest risk population for health disparities.

SP # 7

PERFORMANCE MEASURE:

Percent of 9th – 12th grade students that are overweight.

STATUS:

Active

GOAL

Reduce the number of school age children who are overweight or obese.

DEFINITION

Numerator:

Number of 9th – 12th grade students overweight.

Denominator:

Number of 9th – 12th grade students surveyed.

Units: **Text:** 0

HEALTHY PEOPLE 2010 OBJECTIVE

19-3c.

Reduce the proportion of children and adolescents who are overweight or obese to 5%.

DATA SOURCES AND DATA ISSUES

Idaho Youth Risk Behavior Surveillance System.

SIGNIFICANCE

Overweight and obesity are major contributors to many preventable causes of death. On average, higher body weights are associated with higher death rates. The number of overweight children, adolescents, and adults has risen over the past four decades. Total costs (medical cost and lost productivity) attributable to obesity alone amounted to an estimated \$99 billion in 1995. Overweight and obesity substantially raise the risk of illness from high blood pressure, high cholesterol, type 2 diabetes, heart disease and stroke, gallbladder disease, arthritis, sleep disturbances and problems breathing, and certain types of cancers. Obese individuals also may suffer from social stigmatization, discrimination, and lowered self-esteem. During 1988–94, 11 percent of children and adolescents aged 6 to 19 years were overweight or obese According the 2003 Idaho YRBSS 7.4% of 9th – 12th grade students were reported as being overweight.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: ID

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2003	2004	2005	2006	2007
Annual Indicator	28.0	28.0	20.0	18.3	16.0
Numerator	145	153	111	100	91
Denominator	51,875	54,629	55,482	54,564	56,950

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. Section Number: Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2007

Field Note:

Data reflects Medicaid and Idaho CHIP enrollees only. General hospitalization data not available.

2. Section Number: Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2006

Field Note:

Data reflects Medicaid and Idaho CHIP enrollees only. General hospitalization data not available.

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>70.5</u>	<u>72.6</u>	<u>70.5</u>	<u>68.9</u>	<u>69.0</u>
Numerator	<u>15,706</u>	<u>16,985</u>	<u>16,834</u>	<u>15,798</u>	<u>16,145</u>
Denominator	<u>22,276</u>	<u>23,406</u>	<u>23,865</u>	<u>22,930</u>	<u>23,393</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2005

Field Note:

Data Source:

Medicaid

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>42.9</u>	<u>42.0</u>	<u>38.7</u>	<u>43.3</u>	<u>43.6</u>
Numerator	<u>210</u>	<u>235</u>	<u>222</u>	<u>632</u>	<u>1,156</u>
Denominator	<u>490</u>	<u>559</u>	<u>574</u>	<u>1,460</u>	<u>2,652</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

Data Source: Medicaid

2. Section Number: Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2006

Field Note:

Data Source: Medicaid

3. Section Number: Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2005

Field Note:

Data Source: Medicaid

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

		Annual Indicator Data			
	2003	2004	2005	2006	2007
Annual Indicator	<u>76.8</u>	<u>74.2</u>	<u>74.2</u>	<u>74.0</u>	<u>72.7</u>
Numerator	<u>15,955</u>	<u>15,814</u>	<u>16,421</u>	<u>17,230</u>	<u>17,571</u>
Denominator	<u>20,777</u>	<u>21,314</u>	<u>22,142</u>	<u>23,296</u>	<u>24,160</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2007**Field Note:**

In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began data may have been estimated from mother's recollection or based on information in mother's medical record.

Birth records for 2007 not finalized as of date of entry.

2. Section Number: Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2006**Field Note:**

In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began data may have been estimated from mother's recollection or based on information in mother's medical record.

3. Section Number: Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 data not available until September 2006.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	2003	2004	Annual Indicator Data		
			2005	2006	2007
Annual Indicator	94.3	92.5	87.1	88.6	86.2
Numerator	142,394	150,105	128,422	124,117	125,596
Denominator	151,017	162,240	147,366	140,163	145,682

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Final

Field Level Notes**1. Section Number:** Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Values reflect numbers of children aged <=19.

2. Section Number: Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Values reflect numbers of children aged <=19.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>48.0</u>	<u>49.2</u>	<u>51.0</u>	<u>55.5</u>	<u>43.3</u>
Numerator	<u>14,952</u>	<u>16,759</u>	<u>15,345</u>	<u>19,392</u>	<u>17,821</u>
Denominator	<u>31,177</u>	<u>34,068</u>	<u>30,069</u>	<u>34,939</u>	<u>41,156</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2007

Field Note:

Data Source: Medicaid

Includes Medicaid and Idaho CHIP enrollees only.

2. Section Number: Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2006

Field Note:

Data Source: Medicaid

Includes Medicaid and Idaho CHIP enrollees only.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Denominator	<u>3,077</u>	<u>1,949</u>	<u>3,244</u>	<u>1,194</u>	<u>1,261</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2006

Field Note:

All children who receive SSI in Idaho automatically qualify for a medical card through Idaho Medicaid. That is the payment source, rather than Title V, for all rehabilitative services needed.

Incidence data from SSA via Health & Ready to Work website:

www.hrtw.org

2. **Section Number:** Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2005

Field Note:

All children who receive SSI in Idaho automatically qualify for a medical card through Idaho Medicaid. That is the payment source, rather than Title V, for all rehabilitative services needed.

Incidence data from SSA via Health & Ready to Work website:

www.hrtw.org

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: ID

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2007	Payment source from birth certificate	<u>7.3</u>	<u>5.9</u>	<u>6.6</u>
b) <i>Infant deaths per 1,000 live births</i>	2006	Payment source from birth certificate	<u>6.5</u>	<u>6.2</u>	<u>6.8</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2007	Payment source from birth certificate	<u>61.8</u>	<u>76.8</u>	<u>71.7</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2007	Payment source from birth certificate	<u>65.9</u>	<u>76.4</u>	<u>72.7</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: ID

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2007	<u>133</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>16</u>) (Age range <u>17</u> to <u>19</u>)	2007	<u>133</u> <u>100</u> <u>100</u>
c) <i>Pregnant Women</i>	2007	<u>133</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: ID

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2007	<u>185</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>16</u>) (Age range <u>17</u> to <u>19</u>)	2007	<u>185</u> <u>185</u> <u>185</u>
c) <i>Pregnant Women</i>	2007	<u>100</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2009
Field Note:
Pregnant women are not covered by SCHIP in Idaho unless the woman qualifies as a child. 100% entered because the form requires a value in the range 100-500.
2. **Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2009
Field Note:
Death records for 2007 not finalized as of date of entry.
3. **Section Number:** Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2009
Field Note:
Birth records for 2007 not finalized as of date of entry.
4. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2009
Field Note:
Birth records for 2007 not finalized as of date of entry.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: ID

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	3	No

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: ID

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A
Field Name: BAW
Row Name: Annual linkage of birth certificates and WIC eligibility files
Column Name:
Year: 2009
Field Note:
Pilot tests linking birth certificates and WIC data are being conducted in 2008.
2. **Section Number:** Indicator 09A
Field Name: RecentMother
Row Name: Survey of recent mothers at least every two years (like PRAMS)
Column Name:
Year: 2009
Field Note:
Idaho PRATS survey is conducted annually. Direct access to data is not available to MCH but a close working relationship allows detailed analysis to be performed at MCH request.
3. **Section Number:** Indicator 09A
Field Name: BAM
Row Name: Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files
Column Name:
Year: 2009
Field Note:
Pilot tests linking birth certificates and Medicaid claims data are being conducted in 2008.

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: ID

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2003	2004	2005	2006	2007
Annual Indicator	6.5	6.8	6.7	6.9	6.6
Numerator	1,415	1,538	1,544	1,676	1,620
Denominator	21,780	22,522	23,049	24,163	24,690

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2007
Field Note:
 Birth records for Idaho 2007 not final as of entry.
- Section Number:** Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2006
Field Note:
 Birth records for Idaho 2006 not final as of entry.
- Section Number:** Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2005
Field Note:
 2005 data not available until September 2006.

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>4.8</u>	<u>5.1</u>	<u>5.0</u>	<u>5.2</u>	<u>4.9</u>
Numerator	<u>1,018</u>	<u>1,104</u>	<u>1,119</u>	<u>1,213</u>	<u>1,182</u>
Denominator	<u>21,108</u>	<u>21,764</u>	<u>22,366</u>	<u>23,415</u>	<u>23,949</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Birth records for Idaho 2007 not final as of entry.

2. Section Number: Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Birth records for Idaho 2006 not finalized at entry.

3. Section Number: Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 data not available until September 2006.

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

		Annual Indicator Data				
	2003	2004	2005	2006	2007	
Annual Indicator	1.0	1.2	1.1	1.2	1.1	
Numerator	228	261	257	295	278	
Denominator	21,780	22,522	23,049	24,163	24,690	
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Final	Provisional	

Field Level Notes**1. Section Number:** Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Birth records for Idaho 2007 not final as of entry.

2. Section Number: Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Birth records for Idaho 2006 not finalized at entry.

3. Section Number: Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 data not available until September 2006.

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		Annual Indicator Data				
	2003	2004	2005	2006	2007	
Annual Indicator	0.7	0.9	0.7	0.9	0.8	
Numerator	142	186	166	207	194	
Denominator	21,108	21,764	22,366	23,415	23,949	
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Final	Provisional	

Field Level Notes**1. Section Number:** Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Birth records for Idaho 2007 not final as of entry.

2. Section Number: Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Birth records for Idaho 2006 not finalized at entry.

3. Section Number: Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 data not available until September 2006.

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

		Annual Indicator Data			
	2003	2004	2005	2006	2007
Annual Indicator	10.7	13.0	12.6	11.7	11.7
Numerator	33	40	39	38	38
Denominator	307,803	308,270	308,945	325,906	325,906
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 death records not finalized at time of entry, 2006 final entered as best estimate.

2007 population not available at entry, used 2006 Census population estimate.

2. Section Number: Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Death records for Idaho not finalized at entry, used 2005 value as estimate for 2006.

Population totals for 2006 not available, used 2005 as best estimate.

3. Section Number: Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 data not available until September 2006.

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>6.8</u>	<u>5.5</u>	<u>5.8</u>	<u>4.9</u>	<u>4.9</u>
Numerator	<u>21</u>	<u>17</u>	<u>18</u>	<u>16</u>	<u>16</u>
Denominator	<u>307,803</u>	<u>308,270</u>	<u>308,945</u>	<u>325,906</u>	<u>325,906</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2007

Field Note:

2007 death records not finalized at time of entry, 2006 final entered as best estimate.

2007 population not available at entry, used 2006 Census population estimate.

2. Section Number: Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2006

Field Note:

Death records for Idaho not finalized at entry, used 2005 value as estimate for 2006.

Population totals for 2006 not available, used 2005 as best estimate.

3. Section Number: Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2005

Field Note:

2005 data not available until September 2006.

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2003	2004	Annual Indicator Data		2007
			2005	2006	
Annual Indicator	32.7	25.4	32.0	29.4	29.4
Numerator	71	56	72	64	64
Denominator	217,325	220,875	224,678	217,461	217,461

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2007

Field Note:

2007 death records not finalized at time of entry, 2006 final entered as best estimate.

2007 population not available at entry, used 2006 Census population estimate.

2. Section Number: Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2006

Field Note:

Death records for Idaho not finalized at entry, used 2005 value as estimate for 2006.

Population totals for 2006 not available, used 2005 as best estimate.

3. Section Number: Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2005

Field Note:

2005 data not available until September 2006.

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2003	2004	2005	2006	2007
Annual Indicator	_____	_____ 999	_____ 999	_____ 999	_____ 999
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Could not identify a realistic source of data.

Entered 999 so that the form would save.

2. Section Number: Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Could not identify a source of data.

Entered 999 so that the form would save.

3. Section Number: Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2005**Field Note:**

Could not identify a source of data.

Entered 999 so that the form would save.

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>477.3</u>	<u>448.6</u>	<u>406.9</u>	<u>360.5</u>	<u>332.3</u>
Numerator	<u>1,469</u>	<u>1,383</u>	<u>1,257</u>	<u>1,175</u>	<u>1,083</u>
Denominator	<u>307,803</u>	<u>308,270</u>	<u>308,945</u>	<u>325,906</u>	<u>325,906</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2007

Field Note:

Population total not available at this time. Population for 2006 used to calculate rate.

Injuries reflect accidents classified as reportable by Idaho Dept of Transportation where age of injured, or possibly injured person is known. Injury count is also preliminary, 2007 data has not been finalized by IDT.

2. Section Number: Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2006

Field Note:

Population total not available at this time. Population for 2005 used to calculate rate.

3. Section Number: Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2005

Field Note:

2005 Denominator is an estimate.

Population by age releases September 2006.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2003	2004	Annual Indicator Data		2007
			2005	2006	
Annual Indicator	2,245.9	2,148.1	2,062.5	2,077.6	1,941.0
Numerator	4,881	4,757	4,634	4,518	4,221
Denominator	217,325	221,454	224,678	217,461	217,461

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2007

Field Note:

Population total not available at this time. Population for 2006 used to calculate rate.

Injuries reflect accidents classified as reportable by Idaho Dept of Transportation where age of injured, or possibly injured person is known. Injury count is also preliminary, 2007 data has not been finalized by IDT.

2. Section Number: Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2006

Field Note:

Population not available at this time. Used 2005 population as estimate for denominator.

3. Section Number: Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2005

Field Note:

2005 Denominator is an estimate.

Population by age will release in September 2006.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	2003	2004	Annual Indicator Data		2007
			2005	2006	
Annual Indicator	17.6	14.2	14.1	15.2	18.0
Numerator	931	752	771	829	981
Denominator	52,842	53,054	54,649	54,649	54,649

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2007

Field Note:

Population estimate for 2007 not available, 2006 population estimate used.

2. Section Number: Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2006

Field Note:

Population estimate for 2006 not available, 2005 population estimate used.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2003	2004	Annual Indicator Data		2007
	2005	2006			
Annual Indicator	4.3	5.7	5.5	6.4	6.9
Numerator	1,016	1,364	1,349	1,565	1,677
Denominator	234,093	238,590	244,149	244,149	244,149

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2007

Field Note:

2007 population estimate not available, 2006 population estimate used.

2. Section Number: Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2006

Field Note:

2006 population estimate not available, 2005 population estimate used.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	23,031	22,031	295	374	331	0	0	0
Children 1 through 4	89,932	85,853	1,246	1,474	1,359	0	0	0
Children 5 through 9	105,712	100,850	1,539	1,924	1,399	0	0	0
Children 10 through 14	107,231	102,474	1,402	2,040	1,315	0	0	0
Children 15 through 19	110,742	106,122	1,168	2,239	1,213	0	0	0
Children 20 through 24	106,719	101,943	1,353	1,958	1,465	0	0	0
Children 0 through 24	543,367	519,273	7,003	10,009	7,082	0	0	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	19,714	3,317	0
Children 1 through 4	76,872	13,060	0
Children 5 through 9	90,283	15,429	0
Children 10 through 14	92,711	14,520	0
Children 15 through 19	98,259	12,483	0
Children 20 through 24	94,348	12,371	0
Children 0 through 24	472,187	71,180	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	17	12	0	2	0	0	0	3
Women 15 through 17	606	446	11	16	2	0	0	131
Women 18 through 19	1,608	1,381	11	52	11	0	1	152
Women 20 through 34	19,949	18,073	114	290	323	0	7	1,142
Women 35 or older	2,512	2,263	14	28	63	0	0	144
Women of all ages	24,692	22,175	150	388	399	0	8	1,572

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	6	10	1
Women 15 through 17	334	268	4
Women 18 through 19	1,228	371	9
Women 20 through 34	17,103	2,781	65
Women 35 or older	2,162	337	95
Women of all ages	20,833	3,767	174

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	164	145	4	1	3	0	0	11
Children 1 through 4	34	31	0	0	1	0	0	2
Children 5 through 9	17	15	1	0	0	0	0	1
Children 10 through 14	29	28	1	0	0	0	0	0
Children 15 through 19	73	65	0	2	0	0	0	6
Children 20 through 24	91	86	1	1	0	0	0	3
Children 0 through 24	408	370	7	4	4	0	0	23

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	128	36	0
Children 1 through 4	27	7	0
Children 5 through 9	14	3	0
Children 10 through 14	25	4	0
Children 15 through 19	59	13	1
Children 20 through 24	76	15	0
Children 0 through 24	329	78	1

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	436,648	417,330.0	5,650.0	8,051.0	5,617.0	0.0	0.0	0.0	2006
Percent in household headed by single parent	26.0	24.1	0.0	0.0	0.0	0.0	47.7	0.0	2007
Percent in TANF (Grant) families	1.0	1.0	2.8	3.0	0.1	0.0	0.0	0.0	2007
Number enrolled in Medicaid	143,656	137,017.0	2,119.0	3,375.0	869.0	276.0	0.0	0.0	2007
Number enrolled in SCHIP	38,216	37,050.0	320.0	572.0	201.0	73.0	0.0	0.0	2007
Number living in foster home care	1,850	1,577.0	31.0	147.0	0.0	1.0	94.0	0.0	2006
Number enrolled in food stamp program	80,754	76,135.0	1,680.0	2,351.0	429.0	159.0	0.0	0.0	2007
Number enrolled in WIC	11,096	10,149.0	115.0	449.0	67.0	24.0	292.0	0.0	2007
Rate (per 100,000) of juvenile crime arrests	3,695.0	3,565.0	4,601.8	4,719.9	890.2	0.0	0.0	0.0	2006
Percentage of high school drop-outs (grade 9 through 12)	2.6	2.3	2.5	3.9	1.9	0.0	0.0	0.0	2007

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	377,839.0	58,809.0	0.0	2006
Percent in household headed by single parent	25.9	35.2	0.0	2007
Percent in TANF (Grant) families	0.9	1.6	0.0	2007
Number enrolled in Medicaid	114,518.0	29,138.0	0.0	2007
Number enrolled in SCHIP	28,789.0	9,427.0	0.0	2007
Number living in foster home care	1,532.0	318.0	0.0	2006
Number enrolled in food stamp program	63,554.0	17,200.0	0.0	2007
Number enrolled in WIC	7,636.0	3,460.0	0.0	2007
Rate (per 100,000) of juvenile crime arrests	3,513.7	3,540.3	0.0	2006
Percentage of high school drop-outs (grade 9 through 12)	2.3	5.2	0.0	2007

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	303,068
Living in rural areas	105,453
Living in frontier areas	28,127
Total - all children 0 through 19	436,648

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	1,472,483.0
Percent Below: 50% of poverty	2.7
100% of poverty	9.6
200% of poverty	32.5

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	436,648.0
Percent Below: 50% of poverty	3.7
100% of poverty	13.8
200% of poverty	43.7

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 07A
Field Name: Race_Women15
Row Name: Women < 15
Column Name:
Year: 2009
Field Note:
Birth records for 2007 not finalized as of date of entry.

Native Hawaiian or Other Pacific Islander included in Asian/Pacific Islander.
2. **Section Number:** Indicator 07A
Field Name: Race_Women15to17
Row Name: Women 15 through 17
Column Name:
Year: 2009
Field Note:
Birth records for 2007 not finalized as of date of entry.

Native Hawaiian or Other Pacific Islander included in Asian/Pacific Islander.
3. **Section Number:** Indicator 07A
Field Name: Race_Women18to19
Row Name: Women 18 through 19
Column Name:
Year: 2009
Field Note:
Birth records for 2007 not finalized as of date of entry.

Native Hawaiian or Other Pacific Islander included in Asian/Pacific Islander.
4. **Section Number:** Indicator 07A
Field Name: Race_Women20to34
Row Name: Women 20 through 34
Column Name:
Year: 2009
Field Note:
Birth records for 2007 not finalized as of date of entry.

Native Hawaiian or Other Pacific Islander included in Asian/Pacific Islander.
5. **Section Number:** Indicator 07A
Field Name: Race_Women35
Row Name: Women 35 or older
Column Name:
Year: 2009
Field Note:
Birth records for 2007 not finalized as of date of entry.

Native Hawaiian or Other Pacific Islander included in Asian/Pacific Islander.
6. **Section Number:** Indicator 07B
Field Name: Ethnicity_Women15
Row Name: Women < 15
Column Name:
Year: 2009
Field Note:
Birth records for 2007 not finalized as of date of entry.
7. **Section Number:** Indicator 07B
Field Name: Ethnicity_Women15to17
Row Name: Women 15 through 17
Column Name:
Year: 2009
Field Note:
Birth records for 2007 not finalized as of date of entry.
8. **Section Number:** Indicator 07B
Field Name: Ethnicity_Women18to19
Row Name: Women 18 through 19
Column Name:
Year: 2009
Field Note:
Birth records for 2007 not finalized as of date of entry.
9. **Section Number:** Indicator 07B
Field Name: Ethnicity_Women20to34
Row Name: Women 20 through 34
Column Name:
Year: 2009
Field Note:
Birth records for 2007 not finalized as of date of entry.
10. **Section Number:** Indicator 07B
Field Name: Ethnicity_Women35
Row Name: Women 35 or older
Column Name:
Year: 2009
Field Note:
Birth records for 2007 not finalized as of date of entry.

11. **Section Number:** Indicator 08A
Field Name: S08_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2009
Field Note:
Uses 2006 as 2007 death certificates not finalized.
NHOPI included in Asian.
12. **Section Number:** Indicator 08A
Field Name: S08_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2009
Field Note:
Uses 2006 as 2007 death certificates not finalized.
NHOPI included in Asian.
13. **Section Number:** Indicator 08A
Field Name: S08_Race_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2009
Field Note:
Uses 2006 as 2007 death certificates not finalized.
NHOPI included in Asian.
14. **Section Number:** Indicator 08A
Field Name: S08_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2009
Field Note:
Uses 2006 as 2007 death certificates not finalized.
NHOPI included in Asian.
15. **Section Number:** Indicator 08A
Field Name: S08_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2009
Field Note:
Uses 2006 as 2007 death certificates not finalized.
NHOPI included in Asian.
16. **Section Number:** Indicator 08A
Field Name: S08_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2009
Field Note:
Uses 2006 as 2007 death certificates not finalized.
NHOPI included in Asian.
17. **Section Number:** Indicator 09A
Field Name: HSIRace_Children
Row Name: All children 0 through 19
Column Name:
Year: 2009
Field Note:
Data based on 2006 Census estimates. 2007 data not available until July 2008. Asian include Native Hawaiian/Pacific islander; More than one race and other/unknown not included in Idaho census population estimates.
18. **Section Number:** Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2009
Field Note:
Based on results from Census current population survey at http://www.census.gov/hhes/www/cpstc/cps_table_creator.html with race, age and kind of family. Percentages not reported for Black, AI/AN, Asian, NHOPI because small sample sizes yield unreliable estimates. Other or unknown race not reported in census generated race table.
19. **Section Number:** Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2009
Field Note:
This is an unduplicated count based on records provided for the PEDNESS program.
20. **Section Number:** Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2009
Field Note:
Based on 2006 arrest records as reported by the Idaho State Police.
Rates calculated using population count reported on form.
Rates not calculated for Native Hawaiian/Pacific Islander, included as Asian in population estimate and arrest data.
Rates not calculated for multiple race, or other/unknown because population estimate not available.
Arrests of unknown race are included in total arrest rate.
21. **Section Number:** Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)

- Column Name:**
Year: 2009
Field Note:
Native Hawaiian/Other Pacific islander included in Asian, more than one race and other not recorded in Department of Education dropout reports.
22. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_Children
Row Name: All children 0 through 19
Column Name:
Year: 2009
Field Note:
Data based on 2006 Census estimates. 2007 data not available until July 2008. Asian include Native Hawaiian/Pacific islander; More than one race and other/unknown not included in Idaho census population estimates.
23. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2009
Field Note:
Based on results from Census current population survey at http://www.census.gov/hhes/www/cpstc/cps_table_creator.html with Hispanic ethnicity, age and kind of family. Ethnicity not reported not included on the census table.
24. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2009
Field Note:
Unduplicated count based on records provided for PedNess program.
25. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2009
Field Note:
Based on 2006 arrest records as reported by the Idaho State Police.
Rates calculated using population count reported on form.
Rates not calculated for ethnicity not reported because population estimate not available.
26. **Section Number:** Indicator 10
Field Name: Metropolitan
Row Name: Living in metropolitan areas
Column Name:
Year: 2009
Field Note:
Metropolitan data not applicable to Idaho or nto available.
27. **Section Number:** Indicator 11
Field Name: S11_total
Row Name: Total Population
Column Name:
Year: 2009
Field Note:
population estimate based on 2007 census estimate
28. **Section Number:** Indicator 11
Field Name: S11_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2009
Field Note:
Results are from Census website Current Population Survey estimate for 2007.
29. **Section Number:** Indicator 11
Field Name: S11_100percent
Row Name: 100% of poverty
Column Name:
Year: 2009
Field Note:
Results are from Census website Current Population Survey estimate for 2007.
30. **Section Number:** Indicator 11
Field Name: S11_200percent
Row Name: 200% of poverty
Column Name:
Year: 2009
Field Note:
Results are from Census website Current Population Survey estimate for 2007.
31. **Section Number:** Indicator 12
Field Name: S12_Children
Row Name: Children 0 through 19 years old
Column Name:
Year: 2009
Field Note:
2007 census population estimates not available. 2006 estimates used.
32. **Section Number:** Indicator 12
Field Name: S12_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2009
Field Note:
Data generated from Census office Current Population Survey website at

33. Section Number: Indicator 12

Field Name: S12_100percent

Row Name: 100% of poverty

Column Name:

Year: 2009

Field Note:

Data generated from Census office Current Population Survey website at http://www.census.gov/hhes/www/cpstc/cps_table_creator.html

34. Section Number: Indicator 12

Field Name: S12_200percent

Row Name: 200% of poverty

Column Name:

Year: 2009

Field Note:

Data generated from Census office Current Population Survey website at http://www.census.gov/hhes/www/cpstc/cps_table_creator.html

35. Section Number: Indicator 09A

Field Name: HSIRace_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2009

Field Note:

Numbers generated by using information provided by Brian Baldwin of Child and Family Services in the document "CWOutcomes 2003-2006_Rpt to Congress.pdf" The percentages from Section C Characteristics of Children in Foster Care, Race/Ethnicity of Children in Foster Care (%) were applied to the number in foster care to estimate counts. Hispanic was treated as a separate racial category so the number of Hispanics were distributed proportionately across the racial categories. Number reflects count of children in foster care as of 9/30/2006 as latest available.

The rates for Asian and Unknown are too low for reliable estimates.

36. Section Number: Indicator 09B

Field Name: HSIEthnicity_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2009

Field Note:

Numbers generated by using information provided by Brian Baldwin of Child and Family Services in the document "CWOutcomes 2003-2006_Rpt to Congress.pdf" The percentages from Section C Characteristics of Children in Foster Care, Race/Ethnicity of Children in Foster Care (%) were applied to the number in foster care to estimate counts. Hispanic was treated as a separate racial category so the number of Hispanics were distributed proportionately across the racial categories. Number reflects count of children in foster care as of 9/30/2006 as latest available.